



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09639336

. CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)		TYP	TYPE		OR	SMALL	ENTITY
TOTAL CLAIIVIS			24				R/	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4		X	9=	36	OR	X\$18=	
INC	EPENDENT CL	AIMS	3 minus 3 =		0		X	40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P			+1	35=		OR	+270=			
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	TC	TAL	391	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Colum		mn 2)	(Column 3) SMAL		IALL I	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	S 9=		OR	X\$18=	
	Independent	*	Minus ***  OF MULTIPLE DEPENDEN		T CL AINA	=	X	40=		OR	X80=	
<u> </u>	FIRST PRESE	INTATION OF MI	JLIIPLE DEP	ENDEN	CLAIM		+1	35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AUUI	1. FCC		٠.	ADDIT. I CE	
_		CLAIMS		HIGH	IEST				ADDI-			ADDI-
MENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	R/	ATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X	S 9=		OR	X\$18=	
¥.	Independent	*	Minus	***		<u> -</u>	X	10=	7 1	OR	X80=	
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								05			.070	
								35=		OR	+270=	
/								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER ' OUSLY FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	·
AME	Independent	*	Minus	***	T 01 444	=	X	10=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB.	TOTAL	
***	If the "Highest Nu	mber Previously P mber Previously P nber Previously Pa	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	AUUI	r. FEE <b>l</b> the app	propriate box		ADDIT. FEE lumn 1.	